proved to be a sarcoma. About six months later two nodules appeared in the site of the old scar.—*Med. Chron.*, Nov., 1886.

W. BRUCE CLARKE (London).

III. A Case of Nephrolithotomy. By D. HAYES AGNEW, M. D. (Philadelphia). A man, aged 37, had suffered pain in the left lumbar region for more than two years, and at one time there was a small well-defined swelling there; under a tentative diagnosis of renal stone, an exploratory lumbar section was made, allowing some pus which had evidently been confined for some time about the kidney, to run out. By careful exploration of the gland, a stone was found, filling the entire pelvis and sending its prolongations into the infundibula, composed chiefly of phosphate of lime and uric acid, and weighing 275 grains. This calculus was removed, the wound closed, dressed antiseptically and drained. The patient was discharged from the hospital on the 25th day after the operation, with a slight lumbar fistula only.—*Med. News*, June 18, 1887.

IV. Hypogastric Cystomy. By MARC SÉE (Paris). From a careful and complete study of the subject, the author concludes: (1). After hypogastric cystotomy not followed by suture of the bladder, it is useless and dangerous to insert a retained catheter in the urethra, at least for the first seven or eight days. (2). Immediate union of the vesical wound, obtained several times, is the end towards which the efforts of surgeons should be directed in every case where success is possible. It is of the highest importance that the hypogastric wound should be as clean and regular as possible. (4). The various modes of drainage of the bladder have not the importance which has been attributed to them. (5) The abdominal decubitus and the lateral decubitus give excellent results and should be tried more frequently than heretofore. (6). The accessory means of protecting the wound (suture of the bladder with the skin, antiseptic powders and gauzes, irrigation, continuous baths, etc.) may be utilized with advantage.—*Revue de Chirurgie*, Feb.. 1887.

V. Suprapubic Lithotomy. By FREDERIC S. DENNIS, M.D., (New York). This paper opens with a historical introduction assign-

ing the first description of the operation to Franco, but incorrectly giving it the date of 1561 instead of 1556, which has been shown in this journal (vol. ii, page 174) to be the correct date. The greater portion of the paper is devoted to a discussion of the technique of the operation. The parts being shaved and rendered aseptic, and the rectum being emptied by a cathartic and an enema, the colpeurynter is introduced through the anus, and dilated by injection slowly of about 12 ounces of warm water or less according to the age of the subject. The bladder is then distended by the injection of about 6 ounces of boro-salicylic solution. If a silver catheter is used for the injection, it may be left in place, plugged to prevent the exit of the solution and also be used as a guide to cut upon, when the blader is exposed. An incision, 3 to 4 inches long, beginning at the pubis and extending upward, is advised. Having reached the prevesical space, the edges of the wound may be retracted by the use of an eye speculum, and the fingers inserted into the wound to feel the bladder; the prevesical cellulo-fatty tissue should be separated with the handle of a scalpel, the bladder exposed, seized with two delicate tenacula, and opened between them. He considers drainage through a perineal opening worse than unnecessary, for it may be obtained with perfect satisfaction by a rubber catheter in the urethra, a rubber tube in the wound or by the abdominal decubitus; and he is convinced that in the majority of cases the bladder should not be sutured but be left open to heal by granulation.

The special indications for exploration of the bladder by suprapubi method are found: 1. In cases of lithotomy for large hard calculi, also in lithotomy occurring in a patient suffering from paraplegia, a contracted pelvis, perineal tumors, encysted calculi, ankylosis of the hip, hæmorrhoids or great obesity. 2. For the removal of certain foreign bodies, as hair-pins, bodkin needles, etc., for the treatment of chronic cystitis and for the removal of calculi in the female. 3. In lithotomy occurring in a patient with greatly enlarged prostate, or with fibroma of the prostate, or in calculi lying in diverticula behind the prostate. 4. For the excision of tumors of the bladder. 5. For rupture of the bladder.

The special advantages of the operation may be enumerated as follows: 1. The safe removal of large hard stones which cannot be removed by any of the other methods. 2. The avoidance of perineal hæmorrhage, of urinary infiltration, of perineal fistula, of laceration of the rectum and neck of the bladder, the prevention of traumatic stricture and cystic hæmorrhage. The avoidance of any interference with the genital apparatus. 3. The prevention of a vesico-vaginal fistula in young women, or of permanent incontinence of urine in aged women. 4. The safest operation in all forms of renal disease, and the only means of saving life in rupture of the bladder. 5. The tendency to recurrence of stone is much less than by lithotrity. Its extreme simplicity, its present reduced rate of mortality, its freedom from danger during its execution and its safety for the general practitioner in comparison with the perineal operations or lithotrity.

He has collected 127 cases operated on since 1879, with a mortality attributable to the operation, of 11, or 9%, which is not high in view of the facts that (1) the causes of death in the majority of cases are due to septic infection and not the immediate effects of the operation itself; the employment of more rigid antisepsis for the bladder should improve this mortality; at the present time there is no ideal antiseptic especially and peculiarly adapted to vesical surgery and he recommends attention to this point. (2) The largest and hardest stones have been reserved for the high operation. The patients have been, as a rule, in poor physical condition. Improvements in the details of bladder antisepsis and extension of the limits of the high operation to include stones of a smaller size, but not to embrace those suitable for litholapaxy, and an earlier period of operation before patients are exhausted from chronic vesical irritation will reduce the rate of mortality so as to compare favorably with any other cutting operation for stone.—*American Surgical Association*, 1887.

VI. Suprapubic Cystotomy for Purposes Other than the Extraction of Calculi. By JOHN H. PACKARD, M.D., (Philadelphia). After a review of the history of hypogastric vesical section, the author cited a number of cases in point, which may be tabulated as follows: